

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**ENZI FOR US SENATE**

Full Name (Last, First, Middle Initial)

**A. Enzi Victory Fund**

Date of Disbursement

M M	D D	Y Y Y Y
08	02	2013

Amount of Each Disbursement this Period

2000
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Transaction ID : B-E-12897

Mailing Address 901 N Washington Street  
Suite 700

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement  
Transfer to Joint Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Enzi Victory Fund**

Date of Disbursement

M M	D D	Y Y Y Y
08	09	2013

Amount of Each Disbursement this Period

3000
------

Transaction ID : B-E-12957

Mailing Address 901 N Washington Street  
Suite 700

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement  
Transfer to Joint Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

--

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

5000.00
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5000.00
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